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**FEE TRANSMITTAL**  
For FY 2005

<p><b>Effective on 12/08/2004.</b></p> <p><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b></p> <p><b>FEE TRANSMITTAL</b></p> <p><b>For FY 2005</b></p>		<p><b>Complete if Known</b></p>	
		Application Number	09/699,224
		Filing Date	October 27, 2000
		First Named Inventor	Peter A. Rice
		Examiner Name	S. J. N. Devi
		Art Unit	1645
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	BOS/3
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	
		730.00	

**METHOD OF PAYMENT** (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_

Deposit Account   Deposit Account Number: 06-1075   Deposit Account Name: Fish & Neave IP Group, Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

## **FEE CALCULATION**

## **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## **2. EXCESS CLAIM FEES**

**Fee Description**

**Each claim over 20 (including Reissues)**

Each independent claim over 3 (including Reissues)

#### Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
29	- 42 =	x	=	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.				Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
2	- 19 =	x	=	
HP = highest number of independent claims paid for, if greater than 3.				

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2501 Utility issue fee  
8001 Printed copy of patent w/o color

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	52,883	Telephone (617) 951-7633
Name (Print/Type)	Jesse A. Fecker, Ph.D.	Date	December 22, 2006	

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV970400217US, on the date shown below in an envelope addressed to:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 12/22/2006 Signature: Allison M. Deverman-Vietor Allison Deverman Vietor

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
003591-0004-BOS/3Application No.  
09/699,224Filing Date  
October 27, 2000Examiner  
S. J. N. DeviArt Unit  
1645

Applicant(s): Rice et al.

Invention: PEPTIDE MIMICS OF CONSERVED GONOCOCCAL EPITOPES AND METHODS AND COMPOSITIONS USING THEM

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	29	- 42 =	0	x 25.00	0.00
Independent Claims	2	- 19 =	0	x 100.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed. A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 06-1075 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
\_\_\_\_\_  
Jesse A. Fecker, Ph.D.  
Attorney/Agent Reg. No.: 52,883

Dated: December 22, 2006

FISH & NEAVE IP GROUP, ROPES & GRAY LLP  
One International Place  
Boston, Massachusetts 02110-2624  
(617) 951-7633I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV970400217US, on the date shown below in an envelope addressed to:  
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 12/22/2006

Signature:   
Allison Deverman Vietor